MARYLAND 21201
BALTIMORE
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RECORDS,
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DIVISION

7130		FOR STATE REGISTRAR FASED NAME FIRST	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE \$ 5 0 REG. NO.	9 64 0 6
Day.		OR PRINT)				1000
200	3. SEX	Marie	G.	Adams Is date of Birth	6 AGE (IN YEARS LAST BIRTHDAY)	07 85 7:25
director.	J. JL	female	white	MONTH DAY YEAR OL	TINO.	MONTHS DAYS HOURS
2 hou		RTHPLACE (STATE OF FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
nin 7.		Maryland	United States	WIDOWED DIVORCED \$	Somerset	
The feet	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINES
filed 1	1	Crisfield		es Nursing Home	Housewife	
filled in ould be	13a. S	TATE 13b. COL	or other institution, give residence befounty Ilac. CITY OR TOV Omerset Crisf	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 14 Potomac St	20817
10 / July	I4 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST
Comple		William	A Chri		J	Mister
Poges		VAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	P. O. Box Pocomoke.	191 Md. 21851
ed by the ottendin please remave cork rial, cremation, or or other traumation	300	Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	CUP	BANNAL DISEASE OF CONDITION C	VEN IN PART 1/2
sign hen j to bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DUEATH BUT NOT RELATED TO THE TE	KMINAL DISEASE OR CONDITION OF	A EIA IIA LAKI 110
hos been prior ows ony in	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH ES \(\text{NO} \(\text{NO} \)
certificate virial-transit Mental Hygical Francia Control Con	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE THE EITHER NOTHY MEDICAL EXAMINATION OF COURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 21t. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	
offer the os the k	MEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY ST
TOR. A for use of Health		,	pital) ottended the deceosed from 03-07-85 19-		on death occurred on the date and ha	
y the has RAL DIREC detoched one Dept. VT. If them	,	22b. SIGNATURE 22d. PHYSICIAN'S NAME (17P)	A. Cali	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	3/8/8
A STORE	/	TEN I IN DICTION OF THE LITTE	0.1.4 11.			

BP. DHMH - 16 50M 4/82

> 24 FUNERAL DIRECTOR Bradshaw & Sons (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

3/10/85

Crisfield, Md. 21817

23c NAME OF CEMETERY OR CREMATORY
Crisfield Cemetery Cristield

Somerset

Md'E REGISTEAR 258 REGISTRAP'S SIGNATURE 1985

. State of blockstate career with the contest of limiters a Conc. Statisty Dd. | Mark | Min 1 E 55 years ond completely filled in by the funeral director, toges I and 2 should be filed within 72 hours of

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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ш	REGISTRAR		CERTIF	ICATE OF DEATH	` REG.	NO.			
	DECEASED NAME FIRST	WIDDLE		20 DATE OF DEATH		DAY	YEAR	26 HOUR	
1	TYPE OR PRINT) Karen	Υ.		aldwell		03	01	85	6:20 ^a
3.	SEX	4 RACE	5. DATE (6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS	RIVEAR	IF UNDER 24 HRS
	female	white	MONTH 07		26	YRS		DATS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY		_	ATH	
1	Maryland	United S		merse	+ Co	.n+x7	MD.		
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12b		F BUSINESS OR
	Crisfield	Alice Byrd		rsing Home	None None	ST OF WORKING	LIFE) IND	USTRY	
	SUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136. COUL Maryland S	NTY 13c. CITY OF		13d. INSIDE CITY LIMITS	134 N	s Maryla	nd A	ve.	31817
14	FATHER'S NAME	MIDDLE LA	ST	15 MOTHER'S MAIDEN	I NAME MIDDLE			1.451	T
1	James		1dwe11	Norma				Abbo	ott
16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADI	DRESR. D.	. 1	Box	96
	1YES, NO OR UNKNOWN) (IF YES, GIT	ne 218-8	32-1472	Rev. James	J. Caldwell	Ever	rett,		
THE PARTORNIA	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART OTHER IGNIFICATION 11 DATE OF PRATION 21a, ACCIDENT WAS UNDERLYING	flager d	SEQUENCE OF	ON WAS PERFORMED	FERMINAL DISEASE OR CO	20b. IF Y	YES, WERI	CL I	OF DEATH?
1 8	71a. ACCIDENT WAS UNDERLYING	110110 4 44 44 04 1T	H DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF I	NJURY IN ITEM	B PART I OR	PART 2)	
1	OR CONTRIBUTING CAUSE OF DE	AIB	19						
1	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	011101 1101 1101	211 LOCATION	CITY O	RIOWN	ço	YINU	STATE
1	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	SPPICE, PARM, ETC)	V		1.	CV	,-	
		item attended the deceosed	CV free		o, to	dote and l			
	276. SIGNATURE	1. Still	7,1	ATTENDIN PHYSICIAL		TAFF SICIAN [24	3/1	185
	James A. St	erling, M.D.)'	320 W. Ma:	in St Cris	field	, Md.	2	1817
23	30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/3/85		dge Cemeter	CITY OF LOWIN	ld	Somer	set	Mä.

DHMH - 16 50M 4/82 (VRA 15, 4)

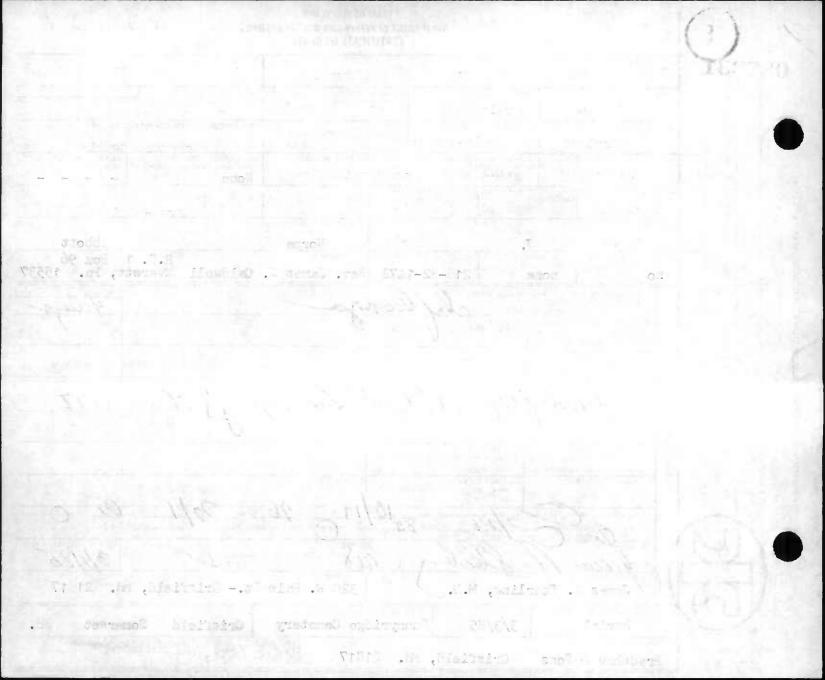
Bradshaw & Sons

24 FUNERAL DIRECTOR

Crisfield, Md. 21817

Somerset MAR O 5 1865 August Dung Bran Walle

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injury, or other troumatic event, th

should be detached for use as the burial-transit permit. Then please remove corbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, crematian, or remaval

MAPORTANT: If them 21 is morked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detoched for use as the buriol-transit permit. Then please rem

TO HOSPITAL OR ATTENDING PHYSICIAN. The Id etoined by the hospital or attending phys

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1.	REGISTRAR				CERTIF	ICATE OF	DEATH	RE	G. NO.				
	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEA	TH MONTH	DAY	YEAR 85	26 HOUR	R A
		FLORE	INCE	J.	GH	RAHAM						12:3	9 M
3. SE	The state of the s		4. RACE		5 DATE O	OF BIRTH	YEAR	6 AGE (IN YEARS LA	SI BRIHDAY)	-	UNDER I YEAR	HOURS	AIN.
	Female		Whit			9	1904	80	YR				
7e. B	COUNTRY) N. Y.	OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIE		MARRIED -	9 BALTIMORE CI Some:		ATA O	FDEATH		MD.
	risfield	EATH	MCCrea	HOSPITAL, NURSII	NG HOME (or OTHER INS	L	120 USUAL OCCU	AOST OF WORKIN	(G LIFE)	INDUSTRY	rance	SSOR
	IAL RESIDENCE (IF NO STATE MD	136 COUN Somer	OTHER INSTITUTION, NTY Set	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Cristie	re admission) VN Ld	134 INSIDE	CITY LIMITS?	13e. STREET ADDR		66	/ 218	17	
14. F.	ATHER'S NAME Charle	s	MIDDLE	Sulomon				nknown MID			Į,A	ST	
160.	WAS DECEASED EVE (YES NO OR UNKNOWN)		MED FORCES? E WAP OR DATES)	111-05-		David		ham - sai	DDRESS	13 8			
	18 CAUSE OF DEA	ATH (Enter on	ly one couse per	line for (o), (b), ai	nd (c)						BETWEEN	ONSET AND	VAL DEATH
	PART I. DEATH		E CAUSE (a)	Cardio	> Pu	lucoi	vary	Arres.	+				
				DAG A CONSTOL	IENICE OF)						
	C during at		DUE 10, 9	AS A CONSEQU	ENCE OF	Solve.	Sil Ti	1000					
	Conditions, if or		(b)_	COYDUS	ry	7170	A Dix	-250					
	couse (o), sto	ting the	DUE TO, O	R AS A CONSEQU	ENCE OF		1						
	underlying cou	ise lost.	((c)_										
H	PART 2 OTHER SI	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN	IN PART 1	(0)	
Z	Car	diec	- Pr	my the	sin								
CERTIFICATION	190 DATE OF OPER	RATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	INCE		WERE FINDS		H?
- 8	210. ACCIDENT WAS I	INDERLYING [21c. HOW I	NJURY OCCUR	RED (ENTER NATURE C		18 PARI	I TORPART 2)		
	OR CONTRIBUTING		ALIP .	M. MONTH D		100							
1 5	216. INJURY OCCU		21e. PLACE	.M.	19	21f LOCAT	ION						-
MEDICAL				REET, FACTORY, OFFICE,	FARM, ETC)	STRE		CITY	ORTOWN		COUNTY	51	TATE
	AT WORK	WHILE D											
	22a.1 certify that				3		1982		30	, 19		, that 🖚 (v	
1 3	sow the dece		3 - 3		85_,0	nd that m (m)	/) (opinion	deoth occurred on	the date and	hour o	and from the	couses sta	ted
	226. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,				DEGREE					22c. DATE	ESIGNED	
	1000	-	2. 8.		C	4.2	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN N		3/2	0/8	5
-	124 PANSICIANS		in reput)	1		22e. ADDRE		J DIRECTOR C. T.	Trotte in the Lag		1000	10	
	1 / \ -	/ \	angelis					emorial I		11 -	- Cris	sfield 1817	d, M
23u.	BURIAL CREATION		3/31/	'85 S			crematory	Salisb		Wic	omico	- MD	TATE
24 F	UNERAL DIRECTOR						25a. DAT	E REC'D. BY REGIS	TRAR 256. REG	GISTRA	R'S SIGNA	TURE	
	Bradshe	w & Sc	ons - Cr	isfield,	MD 2	21817	API	R 4 1001	5		Luci		gh

DHMH - 16 50M 4/B2 (VRA 15, 4)

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEA	\TH		REG. NO					
		EASED NAME	FIRST	N	IDDLE	Ĭ.	AST		20. DATE C		MONTH	DAY	YEAR	2b HOUR	_
	{TYPE	OR PRINT)	S. m	EL.	IZABETH	H	ANDY				03	19 8	35	6:30	A
	3. SEX	(- 4	RACE		5. DATE C			6. AGE (IN	YEARS LAST BIR	(HDAY)	IF UNDER	LYEAR	IF UNDER 24 HRS	
		female		white		07	05	94	90		YRS.	MONTHS	DAYS	HOURS MIN.	
		RTHPLACE (STATE OR FO	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MAR	DEED []	9. BALTIM	ORE CITY O	R COUNT	Y OF DEA	TH		
Э		Marvland		TI S	S.A.	WIDOWE		RCED []	1	Somers	set C	ounts	U	M	D
H		TY OR TOWN OF DEA	TH 1				R OTHER INSTITU			CCUPATI	ON	12b. K	IND OF	BUSINESS OF	_
/	R.C	Crisfield			FACILITY, GIVE STREE				HOLLS	ewife	F WORKING LI	IFE) INDL	JSTRY		
	115114	AL RESIDENCE (IF NURSI					sing Home	2	110000	24210					_
6			136 COUNT		13c. CITY OR TO		13d. INSIDE CITY	LIMITS?	13e. STREET	T ADDRESS		1000	.~1		
1		Md.	Somer	set	Crisfie	eld		0 🔣		ners l	Road	(218	17)		_
1	14. FA	THER'S NAME	AA	IDDLE	LAST		15. MOTHER'S M		WE	MIDDLE			LAST		
1		William		A.	Ward		Ion]	Elizab	eth	R	ayf	ield	
		VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT			8349	SS On law	rood		V. D. D.	
	,	PO OR UNKNOWN)	(IF YES, GIVE	NAR OR DATES)	218-16-	9834	E. Virg	inia	Ward	Mili	ersvi	lle,	Md	. 2110	18
		18 CAUSE OF DEATH	1 (Enter only	ane cause per	line for (a) (b) a	ndie						BE	APPROXI	MATE INTERVAL	Ī
		PART I. DEATH W.	AS CAUSED	BY:	Sensio										J-1000
			IMMEDIATE	CAUSE (a)	19/200	•		7		,					-
	100	Commence of the		DUE TO, OF	AS A CONSEOL	JENCE OF	1		,	6-					
		Canditians, if any,		(1b)_C	ower	res	mator	30	The	07		-			_
		cause (a), stating	g the	DUE TO, OF	AS A CONSEOL	JENCE OF			U						
	_3	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											_		
	7	PART 2. OTHER SIGN	HEICANTC	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	IN AL DISEA	SE OR CON	DITION GI	VEN IN P	ART Ita		
	CERTIFICATION										Lear of the		FILE		
1	S	19a. DATE OF OPERAT	ION	196 CONDI					FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?						
	E						YES 🗌	NO	Y	ES 🗌		NO 🗌			
7	S. S.	210. ACCIDENT WAS UND		216. TIME O		DAY VEAD	21c HOW INJUI	RY OCCURE	RED (ENTER+	HATURE OF INJU	RY IN ITEM 18.	PART I OR P	ART 2)		
7		OR CONTRIBUTING C		H HOUR A.I	M. MONTH (19									
	MEDICAL	21d IN JURY OCCURR		21e. PLACE		17	211. LOCATION						-		-
	ME	WHILE NOT WH			EET, FACTORY, OFFICE	, FARM, ETC)	STREET			CITY OR TO	WN	cou	NIY	STATE	
		22a. I certify that (I)		-1) estended th	deceased from	06	-06	10 79	to	03-1	9	10 8	5	that (1) (we) la	-1
		saw the decease	d alive an_	03-	19 19		nd that in (my) (au	r) apinian	death accur	red an the d	ate and ha	ur and fro			,
	1	abave, (1) (we) (d 22b. SIGNATURE	lid) (did nat	view the bady	after death.		DEGREE		-		_			SIGNED ,	_
		TOME	hadel	1. h			ATT	ENDING	MEDICA			1	3/	19/8	0-
+		22d. PHYSICIAN'S NA	AAE CTYPE OF	000017			22e. ADDRESS	YSICIAN L	DIKECIO	R PHYSIC	IAN		7	// 0	_
f.		ZZG. PHI SICIAIN SIN	T //	. 1	1		no	00.		4	250				
		06.6	1. HZ	radio	MIN		161	cre	acus	W.	30	-			
		BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF	EMETERY OR CRE	MATORY	234 100	CATION	U	COUNT	Y	STATE	
		Burial		3/22/8	35 M	ariner	s Cemete	ry		isfiel	d S	Somer			

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO THACE ALD DRECTOR: After this certificate has been signed by the attending physician and called the detached for use as the burial-transit permit. Then please remove carbonpapers. Pages the strate Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that

at the haspital or attending physician.

injury, ar ather traumatic event, th

IMPORTANT: If Nem 21 is marked or Nem 18 shows any

Bradshaw & Sons

24 FUNERAL DIRECTOR

Crisfield, Md.

21817

250 MARRED BY REGISTRAN 256 REGISTRAN'S SIGNATURE

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DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			EPARTMENT OF I		AND MENTAL H	F DEATH	0 9	4	0	
	I. DEC	CEASED NAM	NE FIRST	,	WIDDLE		LAST	Ze. DATE	REG. NO.	MONTH DAY	YEAR	th HOUR
	(TYP)	E OR PRINT)	ELMER	R LER	OV	.TO	ONES	10	ESTI- H MATED	3 22	19 85	4.4
1	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEA	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DAT	rE /	MONTH DAY	17	2d HOUR
		le	Negro	3 12	39 46 YR	1110011111	5 DAYS HOURS	MIN PRONOL	AD	3 22	19 85	7:10 A _M
5	FOI	REIGN COUNTRY)		76. CITIZEN OF WHA			ED X NEVER MARRI	ED 🔲	MORE CITY OR	COUNTY OF	DEATH	
4		arylan		U.S.A		WIDOW		00.11	erset Co		10.0000	MD
1	Po	Westov	erit	Rt. 13 snc	TAL, NURSING HOME LITY, GIVE STREET ADDRESS) O OF POCON	noke 1		120 USUAL OCC FOR MOST OF WI laborer	ORKING LIFE)	O	ND OF BUSI R INDUSTRY OSAL	
2	13a S1		136 COUN	prother institution, give	RESIDENCE BEFORE ADMISSION 130 CITY OR TOWN Princess		13d INSIDE CITY LIMITS? YES NO 🔀	Rt. #3.		2	185	3
1		THER'S NAM		WIDDIE	LAST		15. MOTHER'S MAIDE		MIDDLE		1 4 5 7	
	Eb	en	Fr	eeman ·	Jones		Essie	Lo	ouise	J	lones	
	16a. W	VAS DECEASE	ED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY	Y NO.	17 INFORMANT		ADDRESS			
	(1)	no	(17 163, GIVE	WAR OR DATES)			Jeanette .	Jones	same a	s above	/2185	3
	7	Candition gave in	ans, if ony, which ise to immediate b) stating the <u>under-</u>	TE CAUSE (o). POS DUE TO, OR AS		OF	ical asphy	хіа			pproximate in ween onset a	
	NOI	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL OISEASE	OR CONDITION GIVEN IN PAI	RT 1 (a).	3			779
7	CAT	19a. DATE O	FOPERATION	196 CONDITIO	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20. A	AUTOPSY?	
-	TIF		Check, N.						0	,	YES 🔯	NO 🗆
5	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS G GOR ING CAUSE OF D	216. TIME OF IN HOUR A.M. /	MONTH DAY YEAR	?	ver of pic				iler	
7	MEDI	WHILE AT WORK	OCCURRED NOT WHILE DAT WORK	STREET, FACTOR	INJURY (ATHOME, RY, FARM, ETC.)	51	. 13 no. o	f Pocomo		somer:	lisior set	No.
1		220. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME Ann	ge of the remains descriptor causes . A	Accident X, Sui		Y X. Inspection Homicide TITLE (SPECIFY) D. ASSISTANT	Undetermined r	nanner .	DATE SIGNED 3-	22 <u>-85</u>	
	23a.Bt		TION, REMOVAL 2		23t. NAME OF CEA	METERY OF	RCREMATORY	23d LOCATION		COUNTY	STATI	E
		Bu		3/30/85	Mt. Zion	U.M.	-	Polk's		Somerse	et Mar	
		olley M	ctor Memorial (Rt. #2, Jer alisbury, M		Road	R 2 8 198	RAR 256 REGIST	Devidson	URE	2

	1	FOR DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL HYGIENE	
6:000000	1-	STATE REGISTRAR MEDICAL EXA		0 9 ~; REG. NO.
088030	I DE	DEASED NAME FIRST MIDDLE	, LAST 20. DA	ATE KNOWN MONTH DAY YEAR 26 HOUR
SE ES.	7	FRMWood Ethel	LEVENIA DE	OF ESTI- ATH MATED 3 19,985 5-36
PLEASE BHECTOR. OUR FILES. 72 HOURS.	3. SE		T BIRTHDAY) MONTHS DAYS HOURS MIN PRON	OUNCED 3 19 1856 MM
HCESS UNERAL	7a. B	RTHPLACE (STATEOR Th. CITIZEN OF WHAT COUNTRY? REGULATORY) U, S, A		COME SET CO. MD
PAGE PAGE PAGE S PHED	10 C	ry OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT SUCH ACTURY, GIVE STRIPT ALL (IF NOT SUCH ACTURY) (IF NOT SUCH ACTURY) (IF NOT SUCH ACTURY)	DDRESS) A FOR MOST OF	CCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
1201 1201 1201 1201 1201 1201 1201 1201	USU/ I3a S	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BET THE ATE 136. GITYOR TO SOLOTON SOLOTO		DORESS 284, Westover Me
E, MD. 2	14. F.	THER'S NAME FIRST ARL MODIE ART	nwood 15. MOTHER'S MAIDEN NAME FIRST Not k	Chown LAST
ATTIMOR AFTER 1 AND PAGES 1 ISSIGN O	16a. \	/AS DECEASED EVER IN U.S. ARMED FORCES? s. NO. OQUNKNOWN) (IF YES, GIVE WAR OR DATES)	6-4192 Beverly Col	lling Bex284, Weston
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ATTREDER FRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE FACEL REDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR ITEM 25 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES IN ESPERARMACH TOF HEALTH AND MENTAL HYGIENE, DIVISION FRIOR TO BURIAL CREMATION, OR REMOVAL.		T8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a) stating the under-	ENCE OF Phasey 20	infacted Acute le ma Acute
L RECORDS, 301 W. PREST ULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN SED AS A BURIAL-TRANST HEALTH AND MENTAL HY CREMATION, OR REMOVAL	7	lying couse lost. (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	T	
MAL RECORD SHOULD BE EX RD "PENDING CHIEF MEDIC E USED AS A OF HEALTH A AL CREMATIC	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED?	20 AUTOPSY?
CERTIFICATE SHO CERTIFICATE SHO TING THE WORD FED TO THE CHI 3 SHOULD BE DEPARMENT OF PRIOR TO BURIAL		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY UNDERLYING OR HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH P.M.	YEAR 19	OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION THIS CERT E. WRITING E. WARTING PAGE 3 SH STATE DEPV	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) AT WORK AT WORK		OR TOWN COUNTY STATE
		22a. I certify that I took charge of the remains described above, heldeath resulted fram: Natural causes . Accident .	Id an Autopsy , Inspection , Inq	uiry , and in my apinion
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: FR DEATH, WITH THE TIMORE, MARYLAND, 2		ACTUAL Madhaw D. Bark	M.D. ASSIS famerical E	XAMINER DATE 3/19/85
TO MEDICAL I EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER DEATH, BALTIMORE, M		EXAMINER'S NAME MASHAVID. BAR	HAN ADDRESS RT-413,	CRISFIELD Mid
BP	Z	3-30-85 St		tover 5 Md.
DHMH - 17 (VR A15 ME (5)) 15M 7/77	6	MARE HJONESTIL PLANT	MAR 2 6 198	TRAR JOURE BURNING SIGNATURE

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1/1	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE	CERTIFICATE OF DEATH

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REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO).			
DECEASED NAM	AE FIRST		WIDDLE		AST		2e. DATE OF		MONTH	DAY	YEAR 26 F	HOUR
(TYPE OR PRINT)	Ellen		D.	Lots	man		10.00		03	13	1985	8:15 ^a
3. SEX	Mar No.	4. RACE		5. DATE C			6 AGE LINYE	ARS LAST BIRT	HDAY)	MONTHS		INDER 24 HRS
fema	ale	whit	e	MONTH 09	02	1895	89		YRS.	MUNTHS	DATS	DKS MIN.
Pa. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B.	D NEVER A	AARRIED □	9 BALTIMOR	E CITY OF	COUNT	Y OF DE	ATH	
Mary1a	and	Unite	ed States	WIDOWE	DÎ DÎ	ORCED	Some	rset	Cou	nty	5	MD.
I CITY OR TOWN	OFDEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL O				KIND OF BU	SINESS OR
Crisfi			Byrd Tawe		sing Ho	me	Manage	r		D	ept.	Store
WSUAL RESIDENC 130 STATE Marylar	13b. CO	OR OTHER INSTITUTION UNITY METSET	GIVE RESIDENCE BEFORE	N	13d. INSIDE C	NO [130. STREET A	DDRESS ve St	reet	(2	1817)	
4 FATHER'S NAM	Æ	MIDDLE	LAST			MAIDEN NA	ME	WIDDLE			LAST	
Burle	Э	A.	Payne	e		ennie		A.			Masor	n
60 WAS DECEASE		ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	313	ADDRES	SS are C	OVA	Apts.	
no	10 105.	ONE WAN ON DATES!	157-14	-0935	Helen	P. Di		sfiel		d.	21817	
18 CAUSE C	OF DEATH (Enter	only one couse per SED BY:	line for (a), (b), a	lieu	1	1	1	. 4	7	Bi	APPROXIMATE ETWELHONSET	INTERVAL I AND DEATH
PARTI. L		IATE CAUSE (o)	Coul	cor	eynu	reary	NM	120		0	Susta	W
		DUE TO, O	R AS A CONTRA	NCPOF /	40	/					lan.	,
	if any, which	(b)	14	CI	1	1				/	1-eers	
couse (o)	stating the	DUE TO, O	R AS A CONSEQUE	NCE OF								
underlying	couse last.	((c)										
	HER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR COND	ITION GI	IVEN IN P	ART 110	
190 DATE OF	OPERATION	TION COND	ITION FOR WHICH	OPERATIO	N WAS DEDECT	PAAED	200 AUTO	95 V 2	1206 IF YE	S WERE	FINDINGS	IISED
SE IN DATE OF	OPERATION	176 COND	IIION FOR WHICH	OPERATIO	WAS PERFO	KWED			IN CERTI	IFYING C	AUSES OF D	DEATH?
21a ACCIDEN	T WAS UNDERLYING	216, TIME O	F IN IURY		121r HOW IN	IURY OCCUPI	YES T	NO [ES		0 🗆
	TING CAUSE OF	DEATH HOUR A.	M. MONTH DA		111111111111111111111111111111111111111	JOHN OCCOM	VED (ENIERNAI)	746 OL 14104	, and arguments	PART TOR	ART 21	
OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	OCCURRED	P. 21e PLACE		19	211 LOCATIO	N						
	NOT WHILE	(AT HOME, STE	REET, FACTORY OFFICE FA	ARM ETC)	STREET			CITY OR TOV	VN	COL	YTMU	STATE
220 Leordies	the (I) (this has	spital) attended th	e decayed from		2- 04	10 0	Q	03-	1.2	10	95 that	di testi Dia
sow the	e decaused alle	03	3-13	85		(our) opinion	deoth occurred	on the do	te ond ho	ur ond fr	om the coust	es stoted
226 SIGNAT		not view the body	ofter deathe		DEGREE/						L DATE SIGN	
1	Lorens		Volu	6 1	IN A	TTENDING	MEDICAL DIRECTOR	STAF	F		3/1	4/85
220 PHYSIC	IAN'S NAME (TYP	E OR PRINT)	va-ci-	71	22e ADDRES	PHYSICIAN [] DIRECTOR [S-misici	AN L		1	//
	Tomos A	Sterling	· Mn	/	320 W.	Moin !	St Cr	i efic	3.4	Ma	21817	7
30. BURIAL, CREM				IAME OF C	EMETERY OR		23d. LOCAT		:LU,	PAL.	2101	
(SPECIFY) Buri		3/16/			eld Cem		CITY O	sfiel	4	Some	reat	Md.
24 FUNERAL DIRE		1 2/10/	0) 01	TOTT	erd oem		E REC'D. BY RE					
	naw & Son	ns Cris	field. M	1. 2	1817	МА	R 1 8 1	385			son-Range	dess.
						1411.7	11 - 0					

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral asshould be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examination

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. retained by the haspital or attending physician.

control and the control of the contr is the manual state of the stat coluite the long contract the transfer AND A Comment - Control Control to Control Con completely filled in by the funeral director, p I and 2 should be filed within 72 hours offer

1781961	STATE OF MARYLAND	
078096 1- FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	2

CERTIFICATE OF DEATH

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REGISTRAR			CERTIF	CAILOID	EAIH	REG. NO).				
DECEASED NAME	FIRST	WIDDLE	Ł.	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
YPE OR PRINT)	lells	W.	Mars	shall			03	13	85	2:20	
SEX	4. RACI	E	5 DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER		IF UNDER 24	
male	CE W	white	10	07	1885	99	YRS.	MONTHS	DAYS	HOURS	
BIRTHPLACE (STATE OFF	OREIGN 76. CITI	ZEN OF WHAT COU	NTRY? 8	D NEVER M		9 BALTIMORE CITY OF		Y OF DE	HTA		
Marylan	d U	Inited Sta	tes WIDOWE		ORCED	Somerse	t Co	unty			
CITY OR TOWN OF DEA		AME OF HOSPITAL, I		R OTHER INST		12a. USUAL OCCUPATIO	N	12b. F		F BUSINESS	
Crisfield	A1i	ce Ryrd T	awes Nurs	sing Ho	ne	Police Offi	cer	I	JSTRY		
SUAL RESIDENCE (IF NURSI IN STATE Maryland	NG HOME OR OTHER IN 136 COUNTY Somerse	STITUTION, GIVE RESIDENCE 134_CITY O	E BEFORE ADMISSION	13d. INSIDE CI	TY LIMITS?	130 STREET ADDRESS 101W. Main	Stre	et (2	181	7)	
FATHER'S NAME					MAIDEN NAM		0020	12	101	,	
John	WIDDLE	Marsh	all Jr.	N	ahalia	Jane		Th	LAST		
WAS DECEASED EVER	N U.S. ARMED FO	DATES	L SECURITY NO.	17 INFORMAL	VT .	ADDRE	SS		M		
no	none	216-	07-5794	Lillia	n M. Ho	olland Sai	me as	13	a,b	, c, d,	
18 CAUSE OF DEATH	(Enter only one o	couse per line for (0),	(b) and ic	1 15	1	0		BE	APPROXU	MATE INTERVA	
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUS	SE (O) COL	dio- le	Muy	clour	aus		10	he	astr	
DUE TO, OR AS A CODE POLENCE OF									1/		
Conditions, if ony, which									100	eis	
gove rise to immediate								1			
couse (o), stating the underlying couse lost.											
(c)											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA								ART 10			
190. DATE OF OPERAT	10N 19t	CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE					
						YES NO	YES NO				
		OUR A.M. MONT	H DAY YEAR	21c. HOW IN.	JURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR P	ART 2)		
OR CONTRIBUTING C	AUSE OF DEATH	P.M.	19								
(IF EITHER, NOTIFY MEDIC		PLACE OF INJURY	011.00.00.00	21f. LOCATIO	N	CITY OR TO	VN	cou	NTY	STAT	
WHILE NOT WH	ILE	HOME STREET, FACTORY,	OFFICE, PARM, ETC.)	JIMEE							
220:1 certify that (1)	(this hospital) atte	ended the deceased	from 10-	23	19 84			. 19 8	5	that (I) (we	
sow the decease		03-13	_1985. or	d that in my	our) opinion d	eath occurred on the do	te and ha	or and fre	om the	couses state	
17h SIGNATURE	NO 1	the body offer death		DEGREE			511	220	DATE	SIGNED	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DAYSICIAN									3	1141	
121 MYSICIAN'S NAME (TYPE OR PRINT). 1220. ADDRESS									-/	11/	
		ing, M.D.	/	320 W.	Main S	St Crisfi	eld,	Md.	218	817	
BURIAL, CREMATION,	REMOVAL 236.	DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNT		F	
SPEBurial	31	/15/85	Crisfi	eld Cem	etery	Crisfiel	d S	omer	set	Md.	
FUNERAL DIRECTOR					250. DATE	REC'D. BY REGISTRAR	256 REGIS	STRAR'S S	IGNATI	URE	
NAME	0. 0	Crisfie	eld. Md.	21817	1440	1 0 1000	P 1. 2				
Bradshaw &	e Sons	OLTSTIE	TLUS PAR	~1011	INAAL	1 1 100 1	4 - 14 - 71	2011	-		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshould be detached for use as the burial-transit permit. Then please remove carbampapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN, The low etoined by the hospital or attending physici injury, or other troumotic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

rich in the second second (1) o med the chief the state of the s There is the facilities of the state of The way of the time of the contract of the con and depended blokering contents to the form of the fallent 1. 1834 5 Song - United 6, 12. 17877 - 1845 4 088031

Item-18 shaws any injury, ar ather traumatic event, th

IMPORTANT: If Hem 21 is marked ar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remaye carbanpape with the State Dept, at Health and Mental Hygiene prior to burial, cremation, ar remayal.

ATTENDING PHYSICIAN: The attending physician

TO HOSPITAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
ľ	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
ı	(TYPE OR PRINT) Beu	lah KElley	McKenney	3-17	7-85 8:00p.m
ı	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Female	Negro	8 20 191	8 66 YRS	MONTHS DATS HOURS MIN.
1	78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Md,	USA	WIDOWED DIVORCED	Somerset	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II (# NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF VIPORK FOLLMOST OF WORKING)	126 KIND OF BUSINESS OR
1	Crisfield		dy Mem. Hospital	HAborer	SENFOOD
	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN		VN 138 INSIDE CITY LIMIT	618 DIXON S	t. Cristical ma
	14 FATHER'S NAME PIRST NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	MIDDLE	Cottmun
	160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECTION	7	LAKE Cristiela	1. Md.
ľ	PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), or D BY: E CAUSE (a)	Respiratory	Amest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) Proba	atic Failur	Carcinoma	
		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	terminal disease or condition G	IVEN IN PART 110
1	190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\) NO \(\)
	COLCOUND DURING DE CAUSE OF OCA		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART L OR PART ?}
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNIY STATE
	22a I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not	tal) attended the deceased from		nion death occurred an the date and ho	, 19, that (I) (we) lost our and from the causes stated
	226. SIGNATURE	ify un	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAFF	22¢. DATE SIGNED
	Dr. Jesus Ev	andelista	22e ADDRESS	Hospital, Crisfie	Id Md 21817
4	Die ocada ca	39,124	The cready	nospital, orisine	14, 114, 23017

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR Anthony Ward, Cove St., Cristfield, Md. 21817 (VRA 15, 4)

BY REGISTEAR 240 REGISTARY'S SIGNATURE
O 1905 Julia Laurdson-Randolle

Aller Colors and the William WWD

087132 ed in by the funeral director, page 3 to be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.	•	
	CEASED NAME	EIR51	WIDDIE	l	AST	20. DATE	OF DEATH MONTH	DAY YEAR	2b. HOUR
TYP	E OR PRINT)	Annie	M	М	iles		3-2	4-85	4:10 a M
3. SE	X	4 RACI		5. DATE C			N YEARS LAST BIRTHDAY)	MONTHS DAYS	F UNDER 24 HRS
	Female	Nec	gro	MONTH 7	4 18	96 88	YRS		HOURS MIN.
	IRTHPLACE (STATE OR)		ZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIE	9. BALTIN	ORE CITY OR COUN	ITY OF DEATH	
	M	4	U.S.	WIDOWE			omerset		MD
10 C	ITY OR TOWN OF DEA		ME OF HOSPITAL, NUR		ROTHER INSTITUTIO		L OCCUPATION ORIGINAL DE WORKING		OF BUSINESS OR
10	ristield		Cready Memor		spital		1 borker	SEN	
	AL RESIDENCE (IF NURS	13b. COUNTY	13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMI	TS? 13e STREE	TADDRESS / ZIP CO		21817
14. F.	ATHER'S NAME	4 IDOLF	Viker		15 MOTHER'S MAIDE		7	1	
1	Robert	MIDDLE	MILES	s'r,	SACK	26	WIDDIE	Hai	lloud
				CURITY NO.	17 INFORMANT		ADDRESS	Λ	17171
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OF	220-12·	-0182	Vorethy	MUITE	c Philas	PAI	
	18 CAUSE OF DEAT	H (Enter only one o	ause per line for (a), (b),	prid ICUL	1	1		APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		SE (0)	1 0	(1) WEN	w peer	racs?		
1		DL	E TO OR AS ALONSEO	DUENCEDO	7 0	6 1	10 1	- 1	111/11
			(b) (b) (1)	usley	2 cerell	ut certia	Melisalis	ce of	Win
	couse (o), statir	ng the DL	E TO, OR AS A CONSEC	DUENCE OF					
	underlying couse	lost	(c)						
1,	PART 2 OTHER SIGI	VIFICANT CONDIT	IONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1	10
٥									
CERTIFICATION	196 DATE OF OPERA	TION 191	CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AU	TOPSY? 206 IF	YES, WERE FIND STIFYING CAUSE	
1 =								YES	№ □
				DAY YEAR	21c HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART ?)	
MEDICAL	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P.M.	19					
AED WED		LAT	PLACE OF INJURY HOME STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
1	AT WORK NOT WE	HILE		16.	/ '	TT.	2/11/	75	_
			ended the deceased from	The same of	19_	0 () to_	1/ 4-7	19	, that (1) we) last
	obove/iff (#e) (he bady after death.	4		oinion deoth occui	rred on the date and h	hour and Irom th	e couses stated
	214. SIGNATURE	1	111	//	1	INC & MEDICA	STAFF	22c DAT	ESIGNED
	+ Com	6 /Y.	Stack	cu,	PHYSIC			11/	25/00
	100000000000000000000000000000000000000		-4-	10					/
1	Dr. Jam	es Sterl	ing		Main St	., Crisf	ield, Md.	21817	
	BURIAL, CREMATION,	NAME PROSE P			COUNTY	State I			

TO FUNERAL DIRECTOR:

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner myst be natified of ange.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

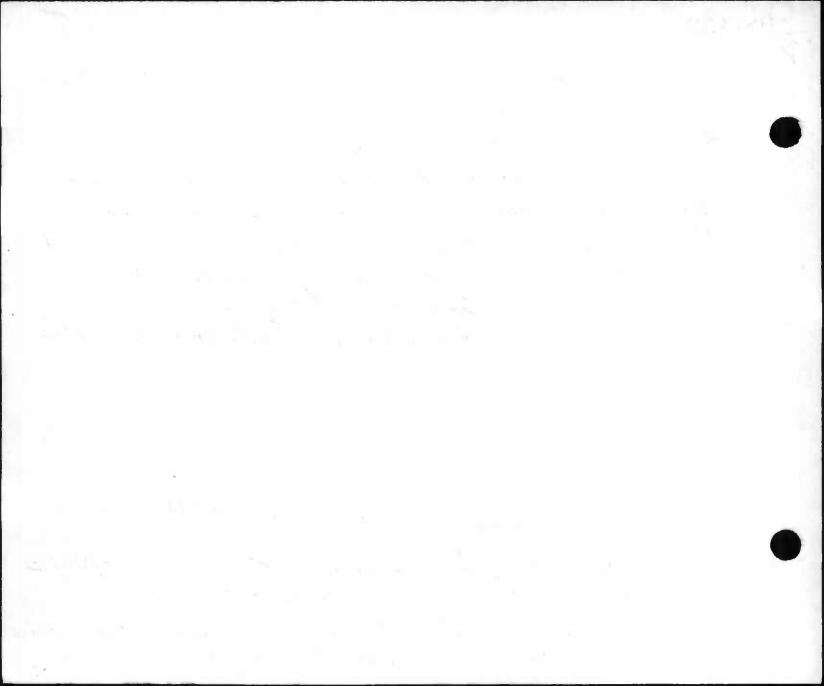
OR ATTENDING PHYSICIAN: The

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BUTIAL 3/29/85 John WES/RY
14 FUNERAL DIRECTOR

Anthony Ward, Cove St., Cristield, Md.

250 DATE REC'D BY REGISTRANT OF BEGISTRAN'S SIGNATURE
MAR 2 6 1985 Stune Devidson-Rinder



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

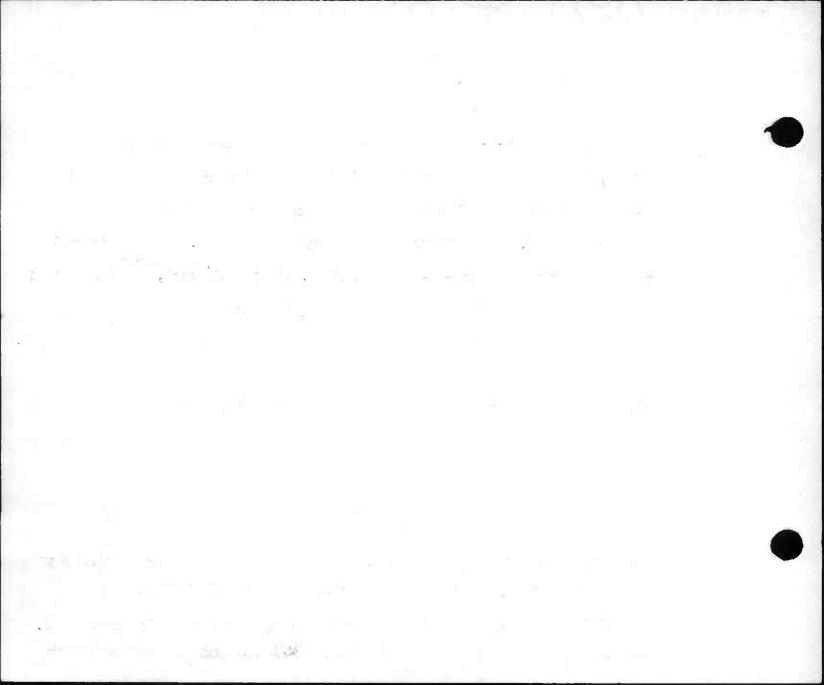
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	CEASED NAME	FIRST	Α.	AIDOLE		LAST			2a DATE	OF DEATH	ніиом Н	DAY	YE AR	2b HO	UR
(TYPE	E OR PRINT)	Charle	æ	T.		Ruark					3	5	85	5:2	8p
3. SE			RACE	1.0	5	DATE OF B			6 AGE	IN YEARS LAS	T BIRTHDAY)	IF UN	DER I YEAR		R 24 HR5
J. JE	Male	1.	Whit		1	MONTH	DAY	YEAR			-	MONT		HOURS	
						_1	5	90	9		YF			<u> </u>	
	IRTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF		INTRY? 8.	MARRIED [NEVERA	AARRIED -			Y OR COU		DEATH		
_	U.S.		U.S.			VIDOWED X		ORCED	So	merse	et Cou	inty			
10 C	ITY OR TOWN OF DEA	ATH 1	1. NAME OF H				THER INST	ITUTION		AL OCCUP	ATION IST OF WORK IN		26 KIND C	FBUSIN	IESS O
Cr	isfield, M	d.	McCreac	ly Men	noria	1 Hosp	ital		man.	mer	ST OF WORKIN	.O (#L)		mins	7
USU	AL RESIDENCE (# NURS	SING HOME OF O	THER INSTITUTION.	GIVE RESIDENCE	CE BEFORE AD	MISSION			1						
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14 F/	ATHER'S NAME	DOMET.	sec	KING	ston			MAIDEN NA		BOX	142/K	Tuda	ton,	Ma.	218
T	FIRST	AA I	ODLE	-	AST	112		FIRST	7412	MIDDL			LAS		
	Joshua		L.		ark		Me	ıry		C.			McC	rati	1
	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES?	16b. SOCIA	AL SECURIT	Y NO. 17	INFORMA	NT		Rt. AD	DRESS BOX	x 1/3	2		
	no	none		217-3	36-06	46 3	Julia	R. Fig	25	King	1 Bo	Mar	vland	21	187
	Conditions, if any gave rise to im-	mediate	(b)		reb-		sculo	W 36	ua	ent		-			
IFICATION		mediate ng the s lost	Fello	R AS A CON	NSEQUENC	CE OF	time	Hes	20a AU	TOPSY?	20b. IF	YES, WE	ERE FINDII	NGS USE	TH?
MEDICAL CERTIFICATION	gave rise to improve (a), static underlying cause PART 2 OTHER SIGN	MIFICANT CO	ONDITIONS CO 196. CONDI 216. TIME O HOUR AJ	ONTRIBUTION FOR Y	NSEQUENCE NG TO DEA	CE OF ATH BUT NO PER TION V YEAR 19 21	VAS PERFO	RMED	20a AU YES	NO[20b. IF	YES, WE RTIFYING YES	ERE FINDII G CAUSES	NGS USE OF DEA NO	TH?
	gove rise to immore couse (10), stofir underlying couse PART 2 OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INVITY OCCUR WHILE NOTIFY OCCUR	MIFICANT CO	IPB. CONDITIONS CONDIT	R AS A CON THOM FOR Y FINJURY M. MONT M. DE INJURY EET, FACTORY, e deceased	NG TO DEA WHICH OF	YEAR 19 21 3, ond to	VAS PERFO	RMED	200 AU YES TRED (ENTER	NO [NO [NATURE OF	20b. IF IN CE	YES, WE RTIFYING YES THE PART TO	COUNTY	NGS USE OF DEA NO	STATE (we) le
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MEDICAL	gove rise to improve the couse (o), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING [IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 22a. I certify that (I) sow the decease obove, (I) (we) (c) 22b. SIGNATURE	TIOIN DERLYING CAUSE OF DEATH (CALEXAMINER) RED HILE HIL	IPB. CONDITIONS CONDIT	ONTRIBUTION FOR YOUR MAN MONTH FINJURY M. MONTH M. FINJURY EET. FACTORY.	NSEQUENCE NG TO DEA	YEAR 19 21 5, ond to	It LOCATIC STREET Hot in (my) GREE A MCCTE	RMED JURY OCCUR ON , 19 85 (our) opinion ATTENDING PHYSICIAN [200 AU YES	NO CHYO	20b. IF IN CE	YES, WERTIFYING YES	COUNTY 85 d from the	that (I) causes s	STATE (we) lo

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital ar

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CALIN AND MENIAL	11 Steure	· San
ICATE OF DEATH		PEG N

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).			
DECEASED NAME FIRST (TYPE OR PRINT) RHoda			,	A.		ark	20. DATE OF DEATH	-	NAY YEAR 0 85	26. HOUR 8:00 P	
Female			Nhite		5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	HOURS MIN	
	RTHPLACE ISTATE ORFO	DREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH		
	risfield			HBYTOESTIE		Nursing Hor	120. USUAL OCCUPATION OF HOUSEW			F BUSINESS OR	
USU.	AL RESIDENCE (IF NURS		other institution.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	Hari adarisg	nway(218	17	
	eorge	Al	Ten	Davis		is mother's maiden name Henrietta	whart	on	Dav	is	
160 V	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	215-20-		Ploise Ra	yfield Cr		eld, M	d.	
NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A GONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting like underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT					ity Ur	mary led			91	
CERTIFICATION	190 DATE OF OPERA	TION	1%. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN		
MEDICAL CERT	21a. ACCIDENT WAS UNI OR CONTRIBUTING OF (IF EJTHER, NOTIFY MEDIC 21d. IN JURY OCCURI WHILE NOT W	CAUSE OF DEA				211. HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJUI		ART I OR PART 2)	STATE	
	27a. I certify that (I) sow the deceosabove, (I) (we) (c) 27b. SIGNATURE	(this hospined alive on did) (did no	leston		85 , 0,	22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	ote and hour	221. DAJE	signed 11/85	
	UC	J. H	nddles	ton		25 Poroa	d St, Pr	ences	s An	ne Md	

DHMH-16 60M 1 73 (VR A 15 (4))

retained by the haspital

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

other troumotic

IMPORTANT: If Hem 21 is morked or Herr 18 sho

Buria March 14 24 FUNE ALDIRECTOR

236. DATE

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Sunnyridge

MATORY 23d LOCATION COUNTY CITISFIELD COUNTY

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKIII	ICATE OF	DEATH		REG. N	0				
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(779	GEORGE		RO	DLAND	Т	YLER				3	8	85	4:4	0am
I. SE	x		4. RACE		1 DATE C			& AGE IN	TEARS LAST BE	THEAT	# UND	BAYE BA	HOURS !	MAC.
-	MALE		WHITE		5	17	80	76	Ś	YES	1	100	10000	1000
	Marvla		TE CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		R MARRIED C	1	erse		Y OF DE	HTA		MI
10.C	Crifield	ATH:		HOSPITAL NURSIN	ADDRESS)			ETYPE OF WO	OCCUPAT HE FOR MOST O		act and		F BUSIN	ESS OR
U50 13s.	AL RESIDENCE (# NUIC STATE MD	IJA COUN		to the land of the land of the land of the land of	ADMISSIONI) N	134 INSIDE	NO KK	D. STREET BO	ADDRESS	ZIP COD	E	ield		Da
14. F.	J.	-	ynard	Tyle	er	1000	innie	AME	Owen		9	ryle		101
	WAS DECEASED EVER (YES, NO ORLOWN) IN O		MED FORCES? E WAR OR DATED	216-05-		Viv	ian Ty	ler	Sa		as f	113e		
	Conditions, if any, gave rise to limit cause (a), static underlying couse	which mediate og the	DUE TO, OI	RESPIRATO RAS A CONSEQUE RAS A CONSEQUE	RY FA	rt Fai	lure		PN	UEMON	IIA	//	ny	DE Atio
TION	PART 2 OTHER SIGN	h	uge	Corsta	140	mia	000	YI!	300le	leng				
CERTIFICATION	IN DATE OF OPERATION			ITION FOR WHICH	N FOR WHICH OPERATION WAS PERFORMED				NOT	IN CEM	ES []	E FINDIN CAUSES	OF DEAT	TH?
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MEDICAL	WHAT HOUSE THE SELECT	est [7]	FIR PLACE	OF INJURY BIT FACION OFFICE F	ARM, ETC.).	ZH. LOCA	INDN IND		C179 CM 70	100	5	NIMIN Z	- 3	iui O
	27s. I certify that (1) saw the pro- obove, if (first): 27s. SIGN A UST. Etc. PHYSICIAN'S N.	did told no	H- X	dywored from 19.5 ofter decta.		DEGREE		79.007707	51A	FF .		from the		Tited S
	are PHILDS DANS STO	MAKE THAT O	E PROPERTY.	/)	THE NUUN	633					/	1	

DHMH - 16 50M 4/83 (VRA 15, 4)

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ORTANT.

24 FUNERAL DIRECTOR STERLING FUNERAL HOME

(SPECEY) Burial 3-10-85

736 DATE

James Sterling

33e BURIAL CREMATION, REMOVAL

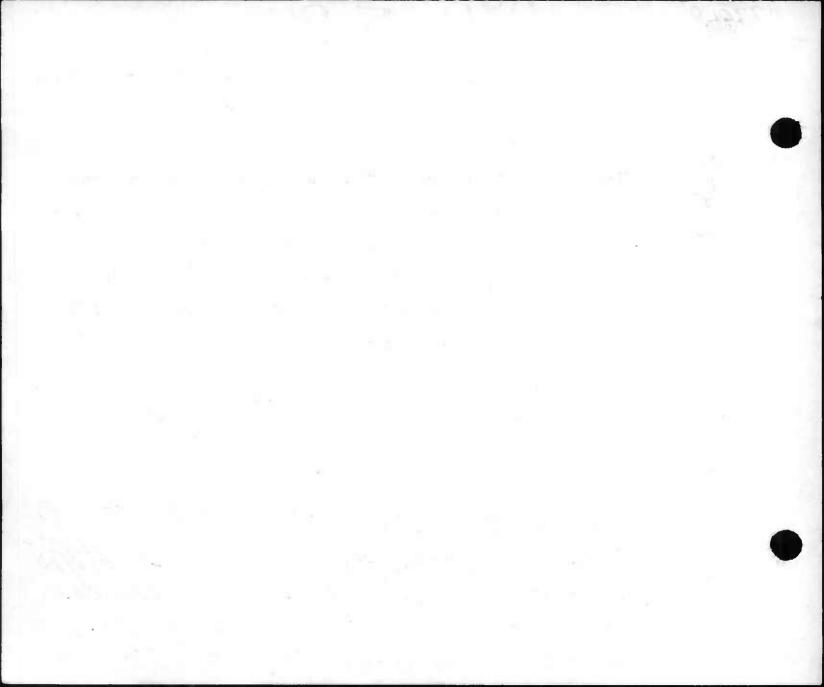
231 NAME OF CEMETERY OR CREMATORY Mariner's Cemetery

CUSFILLD, Md.

Crisfield Som. SIMD

MAR 12 1985

320 W. Main Street Crisfield, MD



STATE OF MARYLAND

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